



FEE TRANSMITTAL for FY 2005		Complete if Known	
Patent fees are subject to annual revision, small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28		Application Number	10/715,932
		Filing Date	November 17, 2003
		First Named Inventor	Sunil K. Srivastava
		Examiner Name	Christian A. LaForgia
		Group/Art Unit	2131
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	50325-0854
(\$)			1580.00
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES	
Deposit Account Number: 50-1302		Large Entity Fee Code (\$)	
Deposit Account Name: Hickman Palermo Truong & Becker, LLP		Small Entity Fee Code (\$)	
2. <input checked="" type="checkbox"/> Payment Enclosed:		Fee Description	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Paid	
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description		Fee Paid	
1011 300 2011 150 Utility filing fee			
1111 500 2111 250 Utility Search fee			
1311 200 2311 100 Utility Examination fee			
1081 250 2081 125 Utility Application Size Fee			
1005 200 2005 100 Provisional Application Fee			
1085 250 20835 125 Provisional Application Size Fee			
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES			
Highest Paid Claims		Extra Claims	
Total Claims		Fee from Below	
Independent Claims		Fee Paid	
Multiple Dependent			
**or number previously paid, if greater; For Reissues, see below			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
Fee Description			
1202 50 2202 25 Claims in excess of 20			
1201 200 2201 100 Independent claims in excess of 3			
1203 360 2203 180 Multiple dependent claim, if not paid			
1204 200 2204 100 **Reissue independent claims over original patent			
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)	
		0.00	
SUBMITTED BY		*Reduced by Basic Filing Fee Paid	
Name (Print/Type)		SUBTOTAL (3)	
Christian A. Nicholes		(\$)	
Registration No. (Attorney/Agent)		50,266	
Telephone		(408) 414-1080	
Signature		Date	
August 9, 2005			

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